

Dental Benefit Summary

About Your Benefits:

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect many diseases including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check-ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

	Guardian WD Plan	
Network	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	90%	80%
Major Care (e.g. crowns, dentures)	60%	50%
Orthodontia	50%	50%
Annual Maximum Benefit	\$1500	\$1500
Maximum Rollover	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$500	
Rollover Account Limit	\$1250	
Lifetime Orthodontia Maximum	\$1500	
Dependent Age Limits	26	

Claims Payment Basis

PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the specified Usual Customary & Reasonable percentile (90%) are usually the patient's responsibility:

In-Network: Benefits are based on a negotiated contracted fee schedule, and no balance billing. **Out-of-Network:** Benefits are based on usual, reasonable, and customary rates for a given area.

A Sample of Services Covered by Your Plan:

		Guardian WD Plan	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:		Once Every 6 Months
	Fluoride Treatments	100%	100%
	Limits:		Under Age 19
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	90%	80%
	Fillings‡	90%	80%
	Perio Surgery	90%	80%
	Periodontal Maintenance	90%	80%
	Frequency:		Once Every 3 Months (Enhanced)
	Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
	Root Canal	90%	80%
	Scaling & Root Planing (per quadrant)	90%	80%
	Simple Extractions	90%	80%
	Surgical Extractions	90%	80%
Major Care	Bridges and Dentures	60%	50%
	Inlays, Onlays, Veneers**	60%	50%
	Single Crowns	60%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:		Child(ren)
	Deferred Services for Current and Future Employees	Major Services - 12 Months, Orthodontia - 12 Months	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age of 19; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. The total number of cleanings and periodontal maintenance procedures are combined in a 12 month period. *General Anesthesia – restrictions apply.

EXCLUSIONS AND LIMITATIONS

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to those charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: oral hygiene services (except as covered under preventive services), orthodontia (unless expressly provided for), cosmetic or experimental treatments (unless they are expressly provided for), any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment. The plan limits benefits for diagnostic consultations and for

preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-I-DG2000 et al.

PPO and or Indemnity Special Limitation: Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3 – DG2000

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	Guardian VZ Plan	
Network	DentalGuard Preferred	
Calendar year deductible	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
Charges covered for you (co-insurance)	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care (e.g. cleanings)	100%	100%
Basic Care (e.g. fillings)	50%	50%
Major Care (e.g. crowns, dentures)	0%	0%
Orthodontia	Not Covered	
Annual Maximum Benefit	\$1000	\$1000
Maximum Rollover	Yes	
Rollover Threshold	\$500	
Rollover Amount	\$250	
Rollover In-network Amount	\$350	
Rollover Account Limit	\$1000	
Lifetime Orthodontia Maximum	Not Applicable	
Dependent Age Limits	26	

Claims Payment Basis

PPO & NAP

The usual cost for a specific dental service in your area. Amounts over the maximum allowable charge are usually the patient's responsibility:

In-Network: Benefits are based on a negotiated contracted fee schedule, and no balance billing.

Out-of-Network: Benefits are based on a schedule of maximum allowable charges for a given area.

A Sample of Services Covered by Your Plan:

		Guardian VZ Plan	
		<i>Plan pays (on average)</i>	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:		Once Every 6 Months
	Fluoride Treatments	100%	100%
	Limits:		Under Age 19
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	50%	50%
	Fillings‡	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:		Once Every 3 Months (Enhanced)
	Repair & Maintenance of Crowns, Bridges & Dentures	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Simple Extractions	50%	50%
Major Care	Bridges and Dentures	0%	0%
	Inlays, Onlays, Veneers**	0%	0%
	Perio Surgery	0%	0%
	Root Canal	0%	0%
	Single Crowns	0%	0%
	Surgical Extractions	0%	0%
	Deferred Services for Current and Future Employees	Major Services - 12 Months,	

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